Inspection Request Building Commissioner's Office



Inspection Hours are Monday thru Friday, 9:00 am to 4:00 pm

FILLABLE FORM - REQUIRES ADOBE ACROBAT READER

Times requested are not guaranteed to be available. You will be sent a return E-mail during business hours confirming the actual date and time scheduled.

| Check box if this request is to reschedule an existing inspection. Contact Name: Permit Number: | | To cancel an inspection, please send us an E-mail at building@greenwood.in.gov Phone Number: E-mail | | | |
|---|--------------------------------------|--|--------|----------------------------------|--------------|
| | | | Must I | Provide at least One Item Below: | |
| | | | 1) | Lot Number: | Subdivision: |
| 2) | Address: | | | | |
| 3) | Commercial Project Name: | | | | |
| Type of Inspection | | Other Inspection | | | |
| Inspection Date Requested: | | | | | |
| | times are available only for footion | ings, commercial inspections, or inspections requiring | | | |
| Insped | ction Time Requested | | | | |
| Additio | onal Information or Comments | | | | |